

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

3

APPLICANT(S)

10/627 535

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2		/		/		
3				/		
4					/	
5						/
6						
7	/		/			
8		/		/		
9				/		
10					/	
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24						/
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28	/		/			
29		/		/		
30		/		/		
31	2		2			
32	2		1			
33	2		1			
34	2		1			
35	2		1			
36	2		1			
37	2		1			
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48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	41	→	34	→		
TOTAL CLAIMS	47	→	40	→		

51	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						